



## State of New Jersey

DEPARTMENT OF MILITARY AND VETERANS AFFAIRS  
POST OFFICE BOX 340  
TRENTON, NEW JERSEY 08625-0340

JOHN S. CORZINE  
*Governor*  
*Commander-in-Chief*

☆☆  
GLENN K. RIETH  
*Major General*  
*The Adjutant General*

**DEPARTMENTAL DIRECTIVE**  
**NO. 230.55 \***

**22 March 2006**

### **DONATED LEAVE PROGRAM**

1. **PURPOSE**: To establish departmental policy for the donated leave program, which permits employees to donate leave to co-workers affected by a catastrophic health condition or injury; or needed to provide care to a member of the employee's immediate family suffering from a catastrophic health condition or injury; or absence from work due to the donation of an organ (which shall include the donation of bone marrow).
2. **APPLICABILITY**: This directive applies to all State employees of the Department of Military and Veterans Affairs.
3. **REFERENCES**: N.J.A.C. Title 4A Administrative Code.
4. **DEFINITIONS**:
  - a. Appointing Authority: The Adjutant General
  - b. Catastrophic Health Conditions:

(1) With respect to an employee, a "catastrophic health condition or injury" is a life-threatening condition or combination of conditions or a period of disability due to his or her mental or physical health or the health of the employee's fetus and requiring the care of a physician who provides a medical verification of the need for the employee's absence for 60 or more work days.

***\* Supersedes Department Directive 230.55 dated 1 September 2004***

(2) With respect to an employee's immediate family member, a "catastrophic health condition or injury" is a life-threatening condition or combination of conditions or a period of disability due to his or her mental or physical health and requiring the care of a physician who provides a medical verification of the need for the family member's care by the employee for 60 or more work days.

5. **OBJECTIVE**: The program will permit State employees to voluntarily donate a portion of their earned sick and/or vacation leave to other State employees who have exhausted their own earned leave time and who meet the qualifications for a catastrophic health condition or injury which necessitates the employee's prolonged absence from work.

6. **RESPONSIBILITIES**: Initially, the Director of Human Resources Division will administer this program. The Human Resources Manager of each memorial home will be responsible for their facility.

a. Any employee may request to participate in this program. An employee should contact the Human Resources Division at their facility to obtain the appropriate form. A supervisor may also initiate this process on behalf of the employee. Decisions regarding eligibility will be made on a case-by-case basis.

b. Once a recipient is approved for the program, the Department will post on employee bulletin boards, electronically and/or by other appropriate means, the name(s) of eligible employee(s) who will have exhausted all earned paid leave time by a designated date. The posting will be done only with the recipient's consent. If the employee is unable to consent, the employee's family may consent on behalf of the employee.

7. **PROCEDURES**:

a. Recipient: A State employee shall be eligible to receive sick and/or vacation leave from other State employees if the employee meets all of the following criteria:

(1) Has completed at least one year of continuous State service;

(2) Has exhausted all accrued sick, vacation, administrative, all sick leave injury benefits, if any, and all compensatory time off;

(3) Has not, in the two-year period immediately preceding the employee's need for donated leave, been disciplined for chronic or excessive absenteeism, chronic or excessive lateness, or abuse of leave; and

(4) Either:

- (a) Suffers from a catastrophic health condition or injury;
- (b) Is needed to provide care to a member of the employee's immediate family who is suffering from a catastrophic health condition or injury; or
- (c) Requires absence from work due to the donation of an organ (which shall include the donation of bone marrow).

(5) In service, a leave recipient must receive at least five sick or vacation days or a combination thereof from one or more leave donors to participate in the donated leave program.

(6) A leave recipient shall receive no more than 180 sick days or vacation days, and shall not receive any such days on a retroactive basis.

b. Donor: Eligible employees may donate within the prescribed limitation:

- (1) Only whole days of either sick leave and/or vacation leave.
- (2) Must have a prorated balance of 20 days of accrued sick leave remaining in order to donate.
- (3) Must have a prorated balance of 12 days of accrued vacation leave remaining in order to donate.
- (4) May not donate more than 10 days to any one recipient.
- (5) Must have neither solicited nor accepted anything of value for the leave donation.

c. The donor and the recipient (or family representative) will fill out the required forms (see Figures 1 and 2). No one shall directly or indirectly intimidate, threaten, coerce or attempt to intimidate or coerce any other employee for the purpose of interfering with any right which such employee may have with respect to contributing, receiving or using paid leave under this program. The above shall include promising to confer or conferring any benefit (such as appointment, promotion or compensation) or effecting or threatening to effect any reprisal (such as deprivation of appointment, promotion or compensation). An affidavit to this effect shall be signed by the donor. Any employee who engages in any form of prohibited conduct listed above shall be subject to disciplinary action.

d. The donor's leave time will be reduced by the number of days, which are to be donated.

The proponent of this directive is the Human Resources Division. Users are invited to send suggested improvements to NJDMAVA, Attn: HRD, 101 Eggerts Crossing Road, Lawrenceville, NJ 08648.

OFFICIAL:

GLENN K. RIETH  
Major General, NJARNG  
The Adjutant General

A handwritten signature in black ink, appearing to read "David S. Sneider", is written over a small, light-colored rectangular stamp.

DAVID S. SNEDEKER  
Chief Information Officer  
Acting Director, Information and  
Administrative Services Division

DISTRIBUTION: A, A1, E, F

2 encls

**NEW JERSEY DEPARTMENT OF MILITARY AND VETERANS AFFAIRS  
DONATED LEAVE PROGRAM**

**DONOR TRANSFER FORM**

I hereby direct the Department of Military and Veterans Affairs to transfer leave credit as indicated below to be used as the recipient's personal sick leave.

**DONATED SECTION:** (May donate up to 10 days to any one recipient)

**RECIPIENT:** \_\_\_\_\_

\_\_\_\_\_ I wish to donate **SICK DAYS**. This will not reduce my prorated sick leave balance below 20 accrued sick days as of this date.

\_\_\_\_\_  
# SICK DAYS DONATED  
(SPELL OUT)

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_ I wish to donate **VACATION DAYS**. This will not reduce my prorated vacation leave balance below 12 accrued vacation days as of this date.

\_\_\_\_\_  
# VACATION DAYS DONATED  
(SPELL OUT)

\_\_\_\_\_  
SIGNATURE

**CERTIFICATION SECTION:**

I certify that I have not solicited or accepted anything of value for the donation of paid leave time.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
SIGNATURE

**DIVISION:** \_\_\_\_\_

**RETURN TO:** NJ-DMAVA, ATTN: Human Resources Division  
ATTN: HRD-PMRS  
101 Eggert Crossing Road, Lawrenceville, NJ 08648  
Phone: (609) 530-7056

**M E M O R A N D U M**

TO: New Jersey Department of Military and Veterans Affairs  
ATTN: Human Resources Division – PMRS  
P.O. Box 340, Eggert Crossing Road  
Trenton, NJ 08625-0340

SUBJECT: Donated Leave Program – Recipient Affidavit

1. I have read/had read to me the procedures regarding the donated leave program and I consent to participation in this program.
2. I certify that I have not solicited or accepted anything of value for the donation of paid leave time.
3. I have not directly or indirectly intimidated, threatened or coerced or attempted to intimidate, threaten or coerce any employee for the purpose of obtaining a donation of paid leave.
4. I have not interfered with any right which another employee may have with respect to contributing, receiving or using paid leave under this program.
5. I understand that I cannot receive temporary disability (TDI) benefits for the same periods that I am paid wages from donated sick and/or vacation leave or while using any of my own leave time.
6. I also understand that the Temporary Disability Benefits Law requires that I use all of the donated leave before benefits can be paid.
7. I have attached medical verification from a physician or other licensed healthcare provider.

\_\_\_\_\_  
(PRINT NAME)

\_\_\_\_\_  
(STREET ADDRESS)

\_\_\_\_\_  
(SIGNATURE)

\_\_\_\_\_  
(CITY, STATE, ZIP)

\_\_\_\_\_  
(SOCIAL SECURITY NUMBER)

\_\_\_\_\_  
(HOME TELEPHONE NUMBER)

\_\_\_\_\_  
(DATE)